

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

3694

2411 N. Charles Street, Baltimore

04675

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Mt. Lake Park		LENGTH OF STAY (in this place) 30 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Kiser Rest Home		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park	
3. NAME OF DECEASED (Type or Print) Mary		4. DATE OF DEATH Apr. 21, 1955	
(First) Hilda (Middle) Gormley (Last) BURCH		(Month) (Day) (Year) Apr. 21, 1955	
5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Housewife		8. DATE OF BIRTH Apr. 23, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE last birthday 69 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pittsburg, Pa.	
13. FATHER'S NAME Joseph Gormley		12. CITIZEN OF WHAT COUNT USA	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 244-16-24048	
17. INFORMANT AND ADDRESS Mr. Henry G. Gregory		18. MEDICAL CERTIFICATION 450.0 Immediate cause (a) Heart Disease Antecedent cause(s) (b) Aeterial Sclerosis Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 Mo.	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Apr. 21, 1955, that I last saw the deceased alive on Apr. 21, 1955, and that death occurred at 10:00 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED J.W. Denzell M.D. Oakland, Md. Apr. 21, 1955			
23. BURIAL, CREMATION REMOVAL Burial		DATE Apr. 23, 1955	
NAME OF CEMETERY OR CREMATORIAL Kight Cemetery		LOCATION (City, town, or county) (State) Leadmine, W.Va.	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE Julia Rowan L.R.	
24. FUNERAL DIRECTOR Thomas, W. Va.		ADDRESS	

BUREAU V. 8

MAY 20 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3695

04677
66

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Garrett MARYLAND		STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Oakland,		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Mt. Lake Park,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home		STREET ADDRESS ----- (If rural give location)	
3. NAME OF DECEASED: (First) Wilson (Middle) Lee (Last) Camden		4. DATE OF DEATH April 24, 1955	
5. SEX: Male COLOR OR RACE: White		6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	
7. LENGTH OF STAY (in this place) 2 Months		8. DATE OF BIRTH: 8/10/1870	
9. AGE last birthday: 84 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Lawyer		10b. KIND OF BUSINESS OR INDUSTRY: Real Estate	
11. BIRTHPLACE (State or foreign country): Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Allen Camden		14. MOTHER'S MAIDEN NAME: Mary Hollifield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO.: -----	
17. INFORMANT & ADDRESS: Mrs. Wm. L. Evans Oakland, Md.		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 334X Immediate cause (a) Due to <u>Cerebral Arteriosclerosis</u>		Interval Between Onset And Death	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		(b) Due to (c) Due to	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophic</u>	
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from <u>Feb. 19, 1955</u> , to <u>Apr. 24, 1955</u> , that I last saw the deceased alive on <u>Apr. 20, 1955</u> , and that death occurred at <u>4:30 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Dr. George Farber</u> (Degree or title) <u>M.D.</u> ADDRESS <u>Garland Rd</u> DATE SIGNED <u>4/26/55</u>			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) <u>Burial</u> 4/27/1955		NAME OF CEMETERY OR CREMATORIUM <u>Greenmont Cemetery</u> LOCATION (City, town, or county) (State) <u>Baltimore, Maryland.</u>	
DATE READ BY LOCAL REGISTRAR'S SIGNATURE <u>4/26/55</u>		24. FUNERAL DIRECTOR <u>Julia L. Towne, Herbert C. Leighton</u> ADDRESS <u>Oakland, Md.</u>	
REGISTRAR'S SIGNATURE <u>Z.R.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

bold. Until we can get family history
No near relatives

RECEIVED
MAY 30 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3696

03683

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

COUNTY Garrett MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) Rural Accident, Md. (in this place)
 TOWN 88 years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
oo

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garett
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Rural of Accident, Md. (If rural give location)

STREET
ADDRESS

3. NAME OF
DECEASED:
(Type or Print)(First) Ananias

(Middle)

(Last)

4. DATE
OF
DEATH:April61955

5. SEX:

MaleW6. COLOR OR
RACE:W7. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify):Widowed

8. DATE OF BIRTH:

October 9, 1866

9. AGE last birthday:

88yrs.527Hours1Min.10a. USUAL OCCUPATION Give kind of
work done during most of working life,
even if retired):Farmer10b. KIND OF BUSINESS OR
INDUSTRY:Farming

11. BIRTHPLACE (State or foreign country):

Audient, Maryland12. CITIZEN OF WHAT
COUNTRY?U.S.A.

13. FATHER'S NAME:

Joseph Glass

14. MOTHER'S MAIDEN NAME:

Mary Speicher15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)No

16. SOCIAL SECURITY NO.:

None

17. INFORMANT & ADDRESS:

Henry Roy Glass, Audient, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause

(a)

DUE TO

Chronic MyocarditisInterval Between
Onset And Death8 years

Antecedent causes (s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause ifst.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?
OF INJURY	m.				

22. I hereby certify that I attended the deceased from July 1, 1952, to April 6, 1955, that I last saw the deceased
alive on April 6, 1955, and that death occurred at 9:10 p.m. from the causes and on the date stated above.
 SIGNATURE Milton Tepper, M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CINCERATOR	LOCATION (City, town, or county)	(State)
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Burial	4-9-1955	Accident	Accident	Md
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DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
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April 8/1955	<u>Eduard Broadwater</u>	<u>Wm. Winterberg, Grantsville, Md.</u>	
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BUREAU V. S.

APR 11 1955

RECEIVED

3697

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett CITY (If outside corporate limits, write RURAL or and give nearest town) X TOWN Rural Kempton LENGTH OF STAY HOSPITAL OR INSTITUTION OR STREET ADDRESS -----				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Kempton STREET ADDRESS Post Office (If rural give location) R. D. 1 Gormanria, W. Va.			
3. NAME OF DECEASED: (First) Joel (Middle) William (Last) Gregory (Type or Print)				4. DATE OF DEATH: (Month) (Day) (Year) April 13, 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 4/15/1877	9. AGE last birthday: 77 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days	12. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life Retired Coal Miner				10b. KIND OF BUSINESS OR INDUSTRY Bituminous Coal Mines			
11. BIRTHPLACE (State or foreign country): Wisconsin				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: William Gregory				14. MOTHER'S MAIDEN NAME: Mary Beardmore			
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no				16. SOCIAL SECURITY NO.: 232-09-3291 17. INFORMANT & ADDRESS: R. D. 1 Mrs. Verna F. Gregory, Gormanria, W. Va.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4341 Immediate cause (a) Due To Congestive heart failure Interval Between Onset And Death 1 month Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last. (b) Due To (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Reperc Peptic Ulcer + Senile							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) OF INJURY	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from April 11, 1955, to April 13, 1955, that I last saw the deceased alive on April 11, 1955, and that death occurred at 3:15 A.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Thomas J. Lush, M.D. Oakland, Md. 4/14/55							
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 4/15/1955		NAME OF CEMETERY OR CREMATOR Y Gregory Home Cemetery		LOCATION (City, town, or county) Garrett Co., Md. (State)	
DATE REC'D BY LOCAL REGISTRAR 4/13/55		REGISTRAR'S SIGNATURE Julie E. Osoyan		24. FUNERAL DIRECTOR Herbert C. Layton		ADDRESS Oakland, Md.	

BUREAU V. S.

APR 28 1965

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3698

CERTIFICATE OF DEATH

046886

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Garrett

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Oakland,LENGTH OF STAY
(in this place)
3 Mo.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

98 Evans Nursing Home

3. NAME OF
DECEASED:
(Type or Print)

(First) Jessie

(Middle) E.

(Last) Helms

5. SEX:

Female

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Married10a. USUAL OCCUPATION. Give kind of
work done during most of working life,
even if retired
House Wife10b. KIND OF BUSINESS OR
INDUSTRY:

Own Home

11. BIRTHPLACE (State or foreign country):

West Virginia

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

William Bolyard

14. MOTHER'S MAIDEN NAME:

Viola Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

4 no

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS:

Charles Helms R 1 Newburg, W. Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

355X Immediate cause (a) Huntington's Chorea

Antecedent causes (s) (b) Due to

Diseases or conditions, if any, giving rise to the above cause

stating the underlying cause last. (c) Due to

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes No

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE)

SUICIDE OF office bldg., etc.) INJURY

HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED

INJURY OF While at Not While

m. Work At Work

How did injury occur?

12. I hereby certify that I attended the deceased from 7/21/1955 to 8/22/1955, that I last saw the deceased

alive on 8/12/1955, and that death occurred at 12:30 A.M. from the causes and on the date stated above.

Signature (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

REMOVAL (Specify) Burial 4/24/1955 Woodsdale Memorial Cem. Grafton, W. Va.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR 4/25/55 Julia O. Doway

24. FUNERAL DIRECTOR ADDRESS

Herbert C. Leighton Oakland, Md.

Burial by A. C. Sinclair, Newburg, WVa

BUREAU V. S.

MAY 20 1955

RECEIVED

03687
166

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3699 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Garrett CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Oakland		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Va. COUNTY Monongalia CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morgantown	
HOSPITAL OR INSTITUTION OR Evans Nursing Home STREET ADDRESS 90		STREET (If rural, give location) ADDRESS 30 West Front Street	
3. NAME OF DECEASED: (First) Kathryn (Middle) Knox (Last) Keener (Type or Print)		4. DATE OF DEATH: April 5, 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: March 15 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday: 90 yrs. IF UNDER 24 HRS. Months 20 Days 19 Hours Min.
13. FATHER'S NAME: Jesse Knox		14. MOTHER'S MAIDEN NAME: Mary Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: Mrs. Frank Guthrie, Terra Alta, W.Va.
18. MEDICAL CERTIFICATION			
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1 Immediate cause (a) Arterio sclerotic cardio vascular disease DUE TO Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) _____</p>			
INTERVAL BETWEEN ONSET AND DEATH 4 yrs			
<p>II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) Terra Alta, W.Va. (COUNTY) Monongalia (STATE) W. Va.
TIME (Month) OF INJURY	(Day) M.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
<p>22. I hereby certify that I attended the deceased from Jan 22, 1955, to April 5, 1955, that I last saw the deceased alive on April 5, 1955, and that death occurred at 1:10 P.M., from the causes and on the date stated above.</p>			
SIGNATURE m. Dorcas Clark Harley REMOVAL (Specify): Burial		(DEGREE OR TITLE) M. D.	ADDRESS Terra Alta, W.Va.
23. BURIAL, CREMATION REMOVAL (Specify): Burial		DATE THEREOF April 7, 1955	NAME OF CEMETERY OR CREMATORIAL Mount Union Cemetery
DATE REC'D BY LOCAL REG. REC.		REGISTRAR'S SIGNATURE Selma Rowan	24. FUNERAL DIRECTOR ADDRESS Terra Alta, W. Va.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 28 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3710

CERTIFICATE OF DEATH

04686

166

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY GARRETT MD.
 CITY (If outside corporate limits, write RURAL MARYLAND
 OR and give nearest town)
 TOWN OAKLAND MD.

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY GARRETT.
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN OAKLAND MD
 STREET ADDRESS (If rural, give location)

3. NAME OF (First)

(Middle)

(Last)

DECEASED: (Type or Print)

MINNIE

MAY 1 MILLER

4. DATE (Month) (Day) (Year)
OF DEATH: APRIL - 22 1955.

5. SEX:

FEMALE WHITE

6. COLOR OR RACE:

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): MARRIED.

8. DATE OF BIRTH:

OCT. - 25 - 1878

9. AGE last birthday:

76 yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

NEW GERMANY GARRETT Co. U.S.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

WILLIAM BROADWATER.

14. MOTHER'S MAIDEN NAME:

ESTER JENKINS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

CURTIS MILLER. SWANTON. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1 Immediate cause

(a) DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

C

(c) DUE TO

C

Pulmonary Congestion

Congestive Heart Failure

(art. C.V.D.)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

M.

22. I hereby certify that I attended the deceased from 3/13/48 to 4/22, 1955, that I last saw the deceased alive on 4/22, 1955, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

4/22/55

23. BURIAL, CREMATION
REMOVAL (Specify):

BURIAL

DATE REC'D BY LOCAL REG.

April 24/55

DATE THEREOF

REG.

REG.

NAME OF CEMETERY OR CREMATORIUM

REG.

REG.

LOCATION (City, town, or county) (State)

REG.

BUREAU V.

MAY 20 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03689

3701

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Garrett CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Mt. Lake Park		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hambleton			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Mrs. Verda Helmick		LENGTH OF STAY (in this place) 2 weeks STREET ADDRESS (If rural give location) 85x-3			
3. NAME OF DECEASED: (First) Jennie (Middle) Ressie (Type or Print)	(Last) Mullenax	4. DATE OF DEATH: April 1, 1955			
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH: Oct. 8, 1877	9. AGE last birthday: 77 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired House Wife		10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Martin Luther Knotts		14. MOTHER'S MAIDEN NAME: Margaret Sell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO.: -----		17. INFORMANT & ADDRESS: Mrs. Verda Helmick Mt. Lake Park, Md.	
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 Immediate cause (a) Due to Myocardial Heart Disease Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Arteriosclerosis (c)					
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) Hour INJURY	INJURY OCCURRED White at Work <input type="checkbox"/> Not White At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from 1 Apr. 1955 , to 1 Apr. 1955 , that I last saw the deceased alive on 1 Apr. 1955 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above. SIGNATURE Julia Nagan (Degree or title) ADDRESS Oakland Md DATE SIGNED 2 Apr 55					
23. BURIAL CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 4/4/1955	NAME OF CEMETERY OR CREMATORIAL Close Mt. Cemetery	LOCATION (City, town, or county) Hambleton, W. Va. (State)	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Julia Nagan	FUNERAL DIRECTOR Herbert E. Leighton	ADDRESS Oakland, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU Y. S.

APR 23 1955

RECEIVED

BUREAU V. S.

APR 28 1955

RECEIVED

3793

03691
167

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH:

COUNTY GARRETT MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN RURAL OAKLAND. LENGTH OF STAY
 (in this place)

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY GARRETT
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN RURAL OAKLAND.
 STREET ADDRESS
MD.

3. NAME OF (First) (Middle) (Last)

(Type or Print) RUSSELLPAULROTH.4. DATE (Month) (Day) (Year)
 OF DEATH: APRIL - 21 19 55'

5. SEX:

6. COLOR OR

RACE:

7. SINGLE, MARRIED,
 WIDOWED, DIVORCED.
 (Specify) MARRIED

8. DATE OF BIRTH:

MARCH - 29 - 18989. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
 Months Days Hours Min.
57 yrs.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

GARRETT Co.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME:

DAVID O. ROTH

14. MOTHER'S MAIDEN NAME:

MARGARET WEBER15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

215-20-6844 MRS. BERNICE ROTH. OAKLAND MD. RT-2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause

(a) Acute myocardial Infarction (Proximal)INTERVAL BETWEEN
ONSET AND DEATHInstant

DUE TO

Antecedent cause(s)

(b) Hypertension

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Myocardial Infarction 4-4-5210 yrs

II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-------------------------------------	-----------	--	----------------	----------	---------

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> M. at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
---	---	-----------------------

22. I hereby certify that I attended the deceased from 4-7-54, to 1-10-55, that I last saw the deceased alive on 1-10-55, and that death occurred at 7 P.M. from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

Jean H. Lester Jr. m.d. 58 2nd St. OAKLAND, MD.4-25-55

23. BURIAL, CREMATION
REMOVAL (Specify): DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

BURIALAPRIL-24-1955 RED HOUSE CEMETERY NEAR OAKLAND, MD.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

4724/55Ebner C Shaffer Emory Baldwin OAKLAND, MD.

BUREAU V. S.

RECEIVED
APR 28 1955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04691

3704

166

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH CITY OR TOWN GARRETT MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT		
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND LENGTH OF STAY (in this place) <i>21 days</i>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VINDEX (If rural, give location) <i>/</i>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.			STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)	(First) LINDA	(Middle) MARIE	(Last) TASKER	4. DATE OF DEATH	(Month) APRIL (Day) 25, (Year) 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE	8. DATE OF BIRTH 4/4/55	9. AGE last birthday 0 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY OAKLAND, MARYLAND		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME ELSIE MARIE TASKER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT AND ADDRESS MISS ELSIE TASKER, VINDEX, MARYLAND			18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>751 X Immediate cause (a) Meningocele 2) Spina Bifida Congenital</i> Antecedent cause(s) (b) 3) Club Feet Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	White at Work m.	Not White At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>4/4</i> , 1955, to <i>4/25</i> , 1955, that I last saw the deceased alive on <i>4/24/55</i> , 19....., and that death occurred at <i>2:10 A.m.</i> from the causes and on the date stated above. SIGNATURE <i>Thomas J. Lynch MD</i> ADDRESS <i>Oakland, Md</i> DATE SIGNED <i>4/27/55</i> (Degree or title)					
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Apr. 26, 1955</i>	NAME OF CEMETERY OR CREMATORIAL <i>Mt. Zion Cemetery</i>	LOCATION (City, town, or county) <i>Mt. Zion, Garrett Co., Md</i>		
DATE REC'D BY LOCAL REG. # <i>4/26/55</i>	REGISTRAR'S SIGNATURE <i>Louis Al Rowan Jr</i>		24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine,		ADDRESS <i>W. Va.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

JUN 8 1955

REGELVED

MARGIN RESERVED FOR BINDING

N. B.—WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03692

1. PLACE OF DEATH

3705

County Garrette

Village or City Friendsville

Rural

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Clarence R Umbel

(a) Residence: No. Friendsville Rural

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	MARRIED

Sa. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Willa Thomas

6. DATE OF BIRTH (month, day, end year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	57	8	16	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Own farm
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town)	Friendsville	Rural
(State or country)	Garrette Co Md	

MOTHER FATHER	13. NAME	Amos M Umbel,
	14. BIRTHPLACE (city or town)	MARYLAND

MOTHER FATHER	14. BIRTHPLACE (city or town)	MARYLAND
	(State or country)	Garrette Co Md

MOTHER	15. MAIDEN NAME	Mary K Savage,
	16. BIRTHPLACE (city or town)	Friendsville

MOTHER	16. BIRTHPLACE (city or town)	Rural
	(State or country)	Garrette Co Md

17. INFORMANT	Olen Paul Umbel	
	(Address) Friendsville	

18. BURIAL, CREMATION, OR REMOVAL		
Place	Sandsprings Cem	Date 4/15/55

19. UNDERTAKER	E G Harned	
	(Address) Brandonville W. Va	

20. FILED	April 14, 1955	Partd. Frank
		Reg. st. Registr.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

21. DATE OF DEATH

April

12

1955

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

april 11, 1955, to

I last saw him alive on april 11, 1955; death is said to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchopneumonia —
 Bronchiectasis - Chronic
 Congestive Heart Failure
 Hypertension

Data of onset

52.6 X

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold Karmous M.D.

(Address) R. D. Mackleyburg, La.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

APR 13 1955

BUREAU V. S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
